PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09854272

CLAIMS AS FILED - PART I									0 10	74	014	
TOTAL CLAIMS			(Colum		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			63				ſ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			<u>८3</u> _minus 20=		• 43			X\$ 9=		OR	X\$18=	774
INDEPENDENT CLAIMS				inus 3 =	4		Ī	X40=		OR	X80=	320
MU	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				ŀ	.405	 	1 1		320
* If	the difference	in column 1 is	ero, enter	"0" in d	column 2	Ĺ	+135=		OR	+270=	·Cred	
	C	LAIMS AS A	MENDED - PART II					TOTAL		OR	TOTAL	1804
_	######################################	(Column 1)		(Colur	nn 2) (Column 3)			SMALL ENTITY		OR	OTHER SMALL	
AMENDMENT A	And	CLAIMS REMAINING AFTER AMENDMENT	e e e e e e e e e e e e e e e e e e e	HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
¥		I" ENTATION OF MI	Minus	l l				X40=		OR	X80=	
			JETH EE DE	PENDENT	CLAIM			+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Г	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	H	X40=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	740-		OR	X80=	
							L	+135=		OR	+270=	
							AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1) CLAIMS	W. W. of the State of	(Colum		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	_ <u>C</u> L
	Independent	*	Minus	***		=	\vdash	X40=		^{OR}		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X80=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 2									OR	+270=	j	
,	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3." ADDIT. FE									OR A	TOTAL DDIT, FEE	
1	The "Highest Num	ber Previously Paid	For" (Total or	Independer	iess thar it) is the i	i 3, enter "3." highest number f			opriate box	in colur	nn 1.	